

106TH CONGRESS
2D SESSION

H. R. 4016

To direct the Medicare Payment Advisory Committee to conduct a study on reimbursement rates for physicians under the medicare program for diagnosis, treatment, and management of Alzheimer's disease.

IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 2000

Mr. MARKEY (for himself and Mr. SMITH of New Jersey) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To direct the Medicare Payment Advisory Committee to conduct a study on reimbursement rates for physicians under the medicare program for diagnosis, treatment, and management of Alzheimer's disease.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. MEDPAC STUDY ON MEDICARE PHYSICIAN RE-**
4 **IMBURSEMENT RATES FOR ALZHEIMER'S DIS-**
5 **EASE.**

6 (a) STUDY.—The Medicare Payment Advisory Com-
7 mission, established under section 1805 of the Social Se-

1 curity Act (42 U.S.C. 1395b–6), shall conduct a study of
2 reimbursement rates under the medicare program (under
3 title XVIII of that Act (42 U.S.C. 1395 et seq.)) to physi-
4 cians for Alzheimer services, including a determination of
5 the adequacy of such reimbursement rates. The study
6 shall include the following analyses:

7 (1) COMPREHENSIVE CLINICAL ASSESS-
8 MENTS.—An analysis of whether payment policy
9 under the medicare program for Alzheimer services
10 encourages or discourages physicians to conduct
11 comprehensive clinical assessments for medicare
12 beneficiaries who exhibit symptoms of possible de-
13 mentia.

14 (2) CLINICAL PRACTICE GUIDELINES.—An
15 analysis of whether payment policy under the medi-
16 care program encourages or discourages physicians
17 to provide diagnostic and management services for
18 Alzheimer’s disease or a related dementia as speci-
19 fied in generally accepted clinical practice guidelines
20 and protocols.

21 (3) ONGOING PHYSICIAN CONSULTATION.—An
22 analysis of whether payment policy under the medi-
23 care program for Alzheimer services encourages or
24 discourages ongoing physician consultation with the

1 medicare beneficiary's caregivers, as specified in
2 generally accepted diagnosis and practice guidelines.

3 (4) CAREER CHOICE.—An analysis of whether
4 payment rates under the medicare program for phy-
5 sicians encourages or discourages physicians from
6 choosing a career with a speciality in the treatment
7 and management of Alzheimer's disease and related
8 dementia.

9 (b) DEFINITIONS.—In this section:

10 (1) The term “Alzheimer services” means the
11 evaluation, diagnosis, and management of a medi-
12 care beneficiary with Alzheimer's disease or a related
13 dementia, including ongoing consultation between
14 the physician and caregivers of the beneficiary, con-
15 sistent with generally accepted diagnosis and prac-
16 tice guidelines.

17 (2) The term “medicare beneficiary” means an
18 individual entitled to benefits under title XVIII of
19 the Social Security Act (42 U.S.C. 1395 et seq.).

20 (c) REPORT.—Not later than 1 year after the date
21 of the enactment of this Act, the Medicare Payment Advi-
22 sory Commission shall submit to Congress a report on the
23 results of the study conducted under this section, together
24 with any recommendations for legislation that the Com-

- 1 mission determines to be appropriate as a result of such
- 2 study.

